Key features of the policy environment

Australian Government Department of Health and Ageing (formerly Health and Aged Care)

Injury was first recognised as a national health priority in 1986. Responsibilities for specific causes were acknowledged as being in the hands of a number of leading national agencies (see Table 14)

• Table 14 National responsibility for specific causes of injury: Australia, 1994

Transport	The Federal Office of Road Safety (now the Australian Transport Safety Board)
Occupational Injury	Worksafe Australia (now the National Occupational Health and Safety Commission)
Suicide and self-harm	Mental Health Division within the Department of Health (now the Mental Health Strategy under the Mental Health Branch of the Commonwealth Department of Health and Aging)
Adverse outcomes of medical treatment	The review of professional indemnity arrangement (now the Quality in Health Care initiatives of the Commonwealth Department of Health and Aged Care)

Source: Commonwealth Department of Human Services and Health (1994):172–175

Subsequent injury prevention planning within the public or population health divisions of the Australian Government Department of Health and Ageing, and the State and Territory health sector injury prevention units, has been shaped by these arrangements. The effect has been to limit initiatives within public health so that they focus mainly on unintentional injury and on settings other than roads and workplaces, because of the specialist infrastructure set up for each of these and the desire to avoid duplication.

AHMAC has agreed to a National Injury Prevention Plan: Priorities for 2001–2003 which sets as priorities:

- falls in older people;
- falls in children;
- drowning and near drowning; and
- poisoning among children.

The plan also notes the evidence of high injury rates among Aboriginal and Torres Strait Islander Australians and commits to the development of a complementary plan (Strategic Injury Prevention Partnership, 2001:3; Harrison et al., 2001). As a result, the Aboriginal and Torres Strait Islander Injury Prevention Action Committee (ATSIIPAC) was created by the National Public Health Partnership and linked to the Aboriginal and Torres Strait Islander initiatives of National Public Health Partnership.

ATSIIPAC felt that a broad perspective covering injury as a whole was appropriate for Aboriginal and Torres Strait Islander injury. It decided to pursue a holistic approach to injury in line with the Declaration on Indigenous injury that was made at the 2001 National Injury Prevention Conference in Canberra (see Appendix 3). All types of injury including accidents, intentional self-harm and violence in all settings will therefore be considered in this report.

In response to the focus on Aboriginal and Torres Strait Islander injury the Australian Government Department of Health and Ageing commissioned the Australian Institute of Health and Welfare National Injury Surveillance Unit to assess the available information on injury among Indigenous Australians. This provided a detailed assessment of the strengths and weaknesses of health and other data collections as a basis for improving injury prevention (Harrison et al., 2001).

Other key strategies

In addition to the core injury prevention processes within the population health focus, a number of other key strategy level initiatives play an important role in Aboriginal and Torres Strait Islander injury prevention and safety promotion. The list in Table 15 is far from complete but is illustrative of the range of stakeholders and interests. No attempt has been made to identify the wide range of initiatives under the various departments in each State and Territory.

- Table 15 Selected examples of strategies and initiatives relevant to Aboriginal and Torres Strait Islander injury prevention and safety

Organisation	Selected example of strategies or initiatives	Brief description of identified examples
Australian Government Department of Health and Aging: Mental Health Branch Initiatives	National Mental Health Strategy, Aboriginal and Torres Strait Islander component of the Community LIFE Promotion Project	Living is for Everyone (LIFE) is a framework for prevention of suicide and self-harm in Australia over the period 2001–2005 (Commonwealth Department of Health and Aged Care, 2000c). LIFE builds on the work of the NYSPS and includes three companion documents: Areas for Action; Learnings about Suicide; and Building Partnerships. The LIFE Program aims to: reduce suicides, suicidal thinking, suicidal behaviour, injury and self-harm; enhance resilience in individuals, families and communities; and increase support to those affected. In addition, the program hopes to extend and enhance community and scientific understanding of suicide and its prevention.
Australian Government Department of Health and Aging: Alcohol and Drug initiatives	National Drug Strategy Complementary Action Plan for Aboriginal and Torres Strait Islander peoples	Detailed strategy on the reduction of substance abuse including alcohol, licit and illicit drugs and volatile substances among Aboriginal and Torres Strait Islander people
Australian Government Department of Health and Aging:: AHMAC secretariat	National Committee on Health Data Standards	Define health data standards and increase the accuracy and coverage of health statistics relevant to Aboriginal and Torres Strait Islander populations
Department of Prime Minister and Cabinet Office of the Status of Women	Partnerships Against Domestic Violence	Funding of strategies to reduce domestic violence and in particular to protect women and children from domestic violence and its aftermath.
Australian Government Department of Health and Aging: OATSIH	Aboriginal and Torres Strait Islander Health Worker Review; Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, Service Activity Reporting; and others	Coordination of responses to Aboriginal and Torres Strait Islander health issues; planning of Aboriginal health work force and training; ongoing review of primary health care services.
National Aboriginal and Torres Strait Islander Health Council	National Aboriginal and Torres Strait Islander Health Strategy	Consultation draft rationale for Aboriginal and Torres Strait Islander health

Table 16 cont…….

Organisation	Selected example of strategies or initiatives	Brief description of identified examples
Attorney-General's Department Commonwealth National Crime Prevention Program	Community night patrols	Funding of Night patrols in remote Aboriginal and Torres Strait Islander Communities
Australian Sports Commission	Indigenous 'STRONG' Safer Sport	Pilot program was initiated by Indigenous Sports Program (Australian Sports Commission) and Sports Medicine Australia (NT)
NHMRC	Aboriginal Health Research Strategy	Guidelines on conducting research among Aboriginal and Torres Strait Islander populations in an ethical and relevant manner Assessment of priorities for health research among Aboriginal and Torres Strait Islander populations
NACCHO	Aboriginal and Torres Strait Islander Health (Framework Agreements)	Defines key result areas (KRAs) as a basis for action by governments. The KRAs are: • Towards a more effective and responsive health system • Influencing health impacts of the non health sector • Providing infrastructure to improve health status

Existing programs

Details of the activities discovered by this project are presented in Volume II: Programs, Projects and Actions by Dr Kathleen Clapham. As noted in this report, these are the projects that could be easily identified within the scope and time scale of this project. There are almost certainly many others that have not been identified in the time available. The material presented here shows only an overview of these projects, and the current mix of projects and strategies that could be identified.

The current mix of strategies

A total of 314 projects or programs was identified by this project. Of those, 105 have a violence focus, 36 deal with suicide and self-harm, while 132 of the others do not have a specific 'external cause' focus. The remainder address key social or physical environmental factors, which contribute to injury and safety in Aboriginal and Torres Strait Islander communities.

By employing a broad definition of 'injury prevention', this project uncovered a large number of projects. The list is by no means exhaustive of all possible projects that could have been included, but rather a first attempt at compiling a list of Aboriginal and Torres Strait Islander Australian injury-related projects. The constantly changing nature of this field, and the short-term nature of many projects, mean that to develop and maintain a more accurate database would need separate funding as an ongoing project.

Recognising the importance of adopting long-term strategies to the widespread and serious injury and safety issues currently faced by Aboriginal and Torres Strait Islander communities, this project also identified a number of projects with a secondary or long-term safety outcome. These projects were unlikely to have a specific injury objective and were most likely to be funded under the headings of 'early intervention', 'capacity building' or 'social and emotional wellbeing' projects. Their contribution to injury reduction and safety promotion is often not specifically identified and may be under-realised.

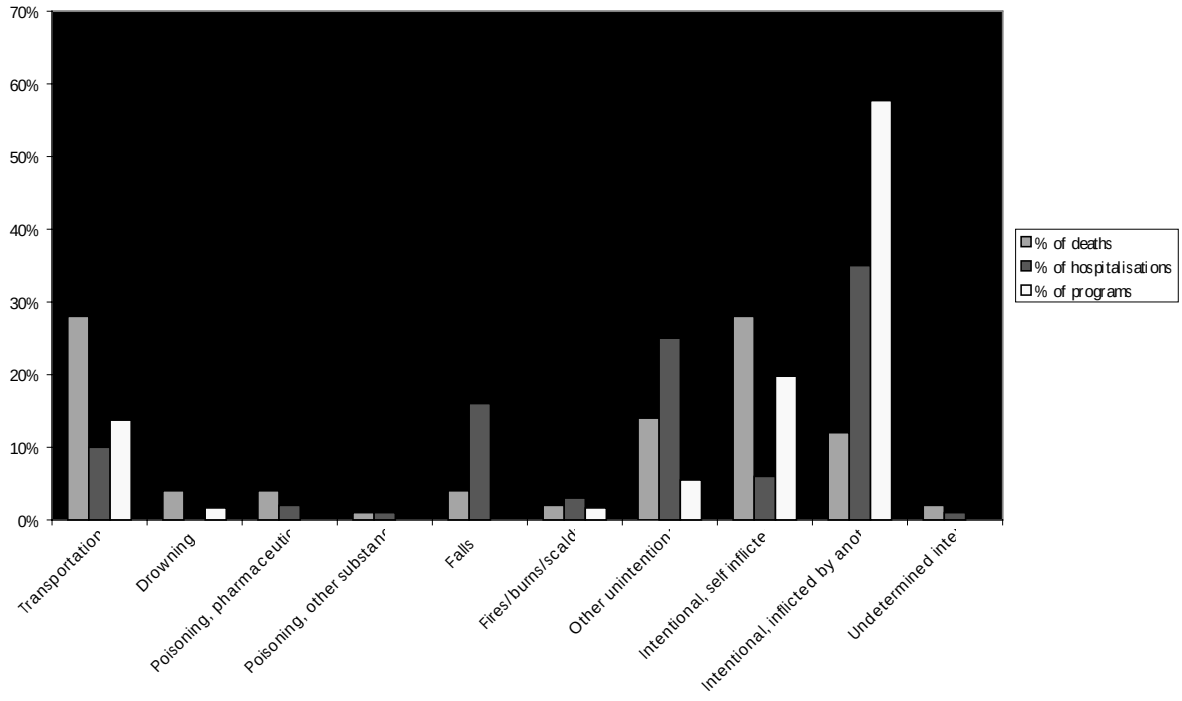
A detailed analysis of projects and their coverage appears in Volume II. The analysis here is limited to the identification of broad strategic issues.

The mix of programs identified is detailed in Table 17. The most notable feature is the strong focus on violence and on alcohol and substance abuse. Most of the violence-related programs are funded by the Department of Prime Minister and Cabinet, ATSIC, and State/Territory Attorney-General's departments. Their primary focus is mostly on women and children. Few of the violence projects focus on violence among males. The majority of transport-related projects are in WA where a partnership involving health, transport, police and local government has undertaken a number of initiatives including the funding of a specialist unit.

• Table 17 Projects and programs identified: major external cause focus and State/Territory coverage

	State/Territory											
	ACT	*AUS*	*Multi-State*	*NSW*	*NT*	*Qld*	*Qld/TSI*	*SA*	*Tas*	*Vic*	*WA*	***Total***
Drowning and submersion											3	**3**
Fires/burns/scalds		2		1								**3**
Interpersonal violence			6	20	17	19	1	8	2	9	23	**105**
Multiple external causes				5	1	3		1				**10**
Self-harm	1			1	7	8		1		4	14	**36**
Transportation			3	2	1	2		1			16	**25**
Not specified		1	3	20	47	8	1	8		9	35	**132**
Total	**1**	**3**	**12**	**49**	**73**	**40**	**2**	**19**	**2**	**22**	**91**	**314**

• Figure 9 Map of the match between cause of injury and identified program focus



It is not strictly correct to compare numbers of programs with the distribution of injury causes, due to the different size of programs and difficulty of determining the foci of all the projects. There are, for example, no programs designated as dealing with poisoning but there are projects that deal with alcohol, poly-drug use and volatile substances that are often coded under the external cause poisoning. The data in Figure 9 should therefore be treated with care and should not be used to determine if there are enough projects for each cause. Using this measure does, however, suggest that the overall balance of projects identified does not match the distribution of external causes.

There are few initiatives that relate to unintentional injury causes other than transportation, and as noted above, the transport focus is not consistent between states. Indeed Aboriginal and Torres Strait Islander injury prevention is currently defined by violence and self-harm and the projects that exist are driven with a mental health or social justice orientation.

A public health model seeks to deal with broad causal factors, including poverty and physical environment, and to cover all causes. A broad public health focus and broad multi-injury prevention and safety promotion approaches could strengthen existing violence and self-harm strategies by demonstrating the reality of effective prevention for less stigmatised causes.

The majority of projects addressed a single injury or safety issue. Less than 20% of the projects clearly identified an external cause other than violence. A few projects linked across two or three issues but these were mainly links between a single external cause (violence) and contributing factors (alcohol and drugs). Table 18 shows the focus on substance abuse as a contributing factor. Broader environmental approaches to safety were rarely identified, suggesting that primary care approaches rather than injury prevention theory, forms the basis of information provided to this project. It is likely that the table underestimates environmental contributors as they were often secondary factors or bundled into the overall approach in projects such as the WA road safety work.

• Table 18 Primary contributing factors addressed by projects

	State/Territory											
	ACT	*AUS*	*Multi-State*	*NSW*	*NT*	*Qld*	*Qld/TSI*	*SA*	*Tas*	*Vic*	*WA*	*Total*
Alcohol				6	38	9	1	4		6	31	**95**
Alcohol and other drugs				4	1			3		2	1	**11**
Alcohol and volatile substance abuse				1	1	2					3	**7**
Volatile substance abuse				2	1						3	**6**
Not specified	1	3	12	36	32	29	1	12	2	14	53	**195**
Total	**1**	**3**	**12**	**49**	**73**	**40**	**2**	**19**	**2**	**22**	**91**	**314**

The projects and programs identified during this project are more likely to be:

- selective rather than universal — the focus is on people with the problem, the victims rather than the causes, the perpetrators rather than those who might become perpetrators;
- reactive rather than preventive — systematic longer-term primary preventive activity is relatively rare — only programs related to roads, housing and multi-factor programs have strong primary prevention elements focusing on environmental and passive interventions.
- The mix and scope of projects does little to offset criticism by those interviewed that there is little commitment by governments to deal systematically with the underlying issues. There may be other broader policy initiatives beyond the scope of this report that deal with these, but the informants involved in safety promotion and injury prevention did not see these as well-linked to their activities.

At present the health sector appears to play only a small role in the funding and planning of interventions.

Injury is a complex health problem. Unlike many other areas of health, it is not easy to define and clearly demarcate injury as a health issue. The prevention of injury is similarly complex. What emerges from the consultations is that current injury prevention activity concentrates its efforts on a few major areas of injury. There is little activity addressing the whole range of external causes of injury that have been identified as causes of morbidity and mortality in the Aboriginal and Torres Strait Islander population.

This project has identified a large number of current, recent or planned activities that may have an impact on reducing the high rates of injury prevalent in Aboriginal and Torres Strait Islander communities or preventing the occurrence of further injury. However, relatively few projects specifically set out to reduce or prevent injury, or identify the causes of the injury and develop strategies to address them. This project has also revealed some notable gaps in activity. Few services, for example, target those who have been identified as vulnerable groups at risk of injury such as the elderly, children, the disabled and those with serious mental health problems. Few projects address the underlying economic marginalisation faced by most Aboriginal and Torres Strait Islander people, particularly in rural and remote areas where opportunities for employment and education are extremely limited, even though the need to address such underlying issues is widely recognised as being fundamental to improvements in all other areas of health and safety.

There are few good evaluation studies. Evaluations are able to provide valuable and reliable information about the impact a project is making, and there is a strong recognition of the importance of evaluating projects. A number of project coordinators noted that organisations are never funded to actually evaluate their project work.

The value of sharing information should not be underestimated. The mapping out of information on the basis of current activity, organisations involved, successes and failures, and planned projects is important information of benefit to organisations, funding bodies and policy makers. The establishment of a communication, information-sharing and collaborative network among individuals and organisations has been identified as a crucial factor in the ongoing success of a project.

Major stakeholders

Given the wide scope of injury and safety, it is virtually impossible to map all of the stakeholders. Aboriginal and Torres Strait Islander stakeholder organisations are discussed below. No attempt has been made to map all other stakeholders because they cover a wide range of sectors at national, State/Territory and local government level.

Aboriginal organisations

It is widely acknowledged that the Aboriginal and Torres Strait Islander community must occupy a central role in all strategies and initiatives that address any aspect of Indigenous health, including injury. The importance of this role — at all levels, national, regional and local — is reflected in a number of recent developments, including the development of Agreements on Aboriginal and Torres Strait Islander Health (Framework Agreements), which facilitate joint planning between governments and Aboriginal and Torres Strait Islander organisations. The Framework Agreements — between the Commonwealth government, State and Territory governments, ATSIC (or the Torres Strait Regional Authority in the Torres Strait Agreement) and the NACCHO State or Territory affiliate body — commit signatories to four key areas:

- increasing the level of resources allocated to reflect the level of need;
- joint planning;
- improving access to both mainstream and Aboriginal and Torres Strait Islander-specific health and health-related services; and
- improving data collection and evaluation.

The Framework Agreements also established a number of formal structures and processes to enable action to be undertaken at the State/Territory and national levels. These include the National Aboriginal and Torres Strait Islander Health Council (NATSIHC) and planning forums (health forums) in each State and Territory.

The Framework Agreements have been acknowledged by NACCHO as enabling: improved intersectoral communication and collaboration in several States and Territories; joint Aboriginal and Torres Strait Islander health regional plans; and better resources for NACCHO and most of its State/Territory affiliates (Commonwealth Department of Health and Aged Care, 2000a). On the other hand, NACCHO noted also that (Commonwealth Department of Health and Aged Care, 2000a):

- the national and State/Territory forums are frequently presented with policy and program decisions (rather than being active participants in the decisions);
- the Aboriginal community-controlled sector is not an equal partner; and
- the agreements had not led to adequate, needs-based resources.

The important roles of the NATSIHC, established initially in 1996 and restructured in 1999, are to advise the Commonwealth Minister for Health on Aboriginal and Torres Strait Islander health policy and planning, and to monitor the national implementation of the Framework Agreements (Australian National Audit Office, 1998; Australian Government Department of Health and Ageing, 2002). The NATSIHC includes representatives from each of the Framework Agreement partners (the Commonwealth, States and Territories, ATSIC, the Torres Strait Regional Authority and NACCHO) and from the National Health and Medical Research Council (ex-officio), the Congress of Aboriginal and Torres Strait Islander Nurses, and the Australian Indigenous Doctors Association. The NATSIHC also has as members, appointed by the Minister in their own right, an expert on Aboriginal and Torres Strait Islander substance use issues and two other experts on Aboriginal and Torres Strait Islander health (Australian Government Department of Health and Ageing 2002).

In terms of national activities, NACCHO, as the national peak Aboriginal health body, also has an important role independent of its membership of NATSIHC. Having a membership of around 100 Aboriginal community-controlled health services throughout Australia (operating in urban, rural and remote areas), NACCHO also (NACCHO, 2002):

- promotes, increases, develops and expands the provision of medical and health services through local Aboriginal community-controlled primary health care services;
- liaises with governments, departments and organisations within both the Aboriginal and non-Aboriginal community on matters relating to the wellbeing and health of Aboriginal communities;
- represents and advocates for Aboriginal communities in matters relating to health services, health research, health programs, etc;

- assists member organisations to provide Aboriginal people with medical services and other health services; and
- assesses the health needs of Aboriginal communities (through research, data analysis, surveys, etc) and taking steps to meet these needs.

The NACCHO affiliates serve similar roles at State/Territory level.

The important role of these national and regional bodies in the development and consideration of broad injury prevention strategies and programs is complemented at community level by local Aboriginal and Torres Strait Islander bodies, such as local councils (see, for example, Blagg, Ray, Murray, & Macarthy, 2000; Chantrill, 1997; Hunter et al., 2001; McClure, Shannon, Young, & Craig, 2001; Memmott et al., 2001).

Of course, reflecting the various sectors with an interest in various aspects of injury, the Aboriginal and Torres Strait Islander involvement at national and regional level will need to be wider than just health-oriented bodies. For a start, ATSIC has confirmed recently the importance it attaches to addressing family violence among Aboriginal and Torres Strait Islander people (Aboriginal and Torres Strait Islander Commission, 2003). It is beyond the scope of this review to canvass all relevant bodies, but organisations like the Secretariat of the National Aboriginal and Islander Child Care (SNAICC) (Secretariat of the National Aboriginal and Islander Child Care, 1996) and the Aboriginal legal services would appear to have clear roles relating to injury prevention.

As well as the vital role that Aboriginal and Torres Strait Islander organisations and bodies have in the development of injury prevention policies and strategies at all levels — national, regional and local — it is important also that they are involved in the crucial advocacy function in the implementation of these policies and strategies (Christoffel & Gallagher, 1999).

In the above planning processes, injury and safety have not been included as a coherent issue. As with mainstream health policy, there has been a lack of a critical mass of people who are versed in injury and safety issues, and the dominant focus has been on disease and individual treatment.

Aboriginal and Torres Strait Islander People

The reviews of existing initiatives undertaken for this project have demonstrated clearly the interest and commitment to safety promotion and injury prevention among Aboriginal and Torres Strait Islander people. There has been widespread interest in safety promotion and injury prevention among Aboriginal and Torres Strait Islander people whenever systematic attempts have been made to identify safety issues and possibilities for prevention, and to set up a structure for making a difference (Gladman et al., 1997; Royal & Westley-Wise, 2001; Heslop, 2002).

Gray et al. (2002:41) state:

> 'The sheer number of projects indicates that Indigenous people are vitally concerned about problems of alcohol and other drug misuse within their communities. More importantly they are doing something about the problem – in some cases with no outside funding at all, and in most cases supplementing grant funding with voluntary community work'.

At the broad policy level, the lack of a homogenous view of the field, clear data and knowledge about possibilities for making a difference acts as a barrier to the allocation of a high priority status for both funding authorities and Aboriginal and Torres Strait Islander people.

On the other hand whenever systematic work has been undertaken on safety issues, (such in single issue prevention projects of injury surveillance and prevention projects) there is clear commitment to action, provided sufficient resources are available.

The wide range of health and social needs among Indigenous people already weighs heavily on resources. The qualitative data produced by the interviews for this report indicate that Aboriginal and Torres Strait Islander people are reluctant to dilute their efforts further by taking on more projects and programs unless agencies can guarantee long-term support and commitment to make a difference.

In areas where actions have been planned, the strategy of starting with safety promotion and injury prevention as a new entry point to old and difficult problems — such as alcohol misuse and men's wellbeing — has been identified as promising. In Shoalhaven NSW, for example, men's groups initiated with a focus on sports injury have since gone on to deal with a far wider range of issues including violence (Royal & Westley-Wise, 2001).

Safety promotion and injury prevention has the potential to become a high priority and is an area where success can be demonstrated, improving the self-esteem of Aboriginal and Torres Strait Islander people. In order to achieve positive outcomes, there is a need for sufficient resources, including expertise and training, and a commitment to long-term rather than short-term action.

Short-term action can be utilised to demonstrate success and to generate further commitment, but should always be linked to a long-term plan of action.

Factors that make initiatives more likely to succeed

An analysis of the information gained on the existing projects has identified factors that may improve the acceptability, relevance, effectiveness and efficiency of injury prevention initiatives in Indigenous communities. Table 19 provides a summary of the main points raised during interviews. More detail can be found in Volume II.

• Table 19 Factors consistently identified as influencing the success of projects

Adequate funding and resources	Projects are more likely to be successful when they have security about the ongoing funding for the activities. There is a clear need for adequate ongoing funding to support projects that are demonstrating good qualitative and quantitative outcomes, and clear overall benefits for the community.
Community control/respect for community protocols	Having a steering group of stakeholders and/or a community reference group have been identified both in the literature (Shannon, 2001) and in the interviews as a key aspect of a successful project. The inclusion of the whole community, and not just dominant families, is clearly an ongoing challenge for many communities.
Community acceptability and involvement	Most projects stressed the importance both of the acceptability of the project to the community, and their involvement in it. The community must first identify that injury is a priority for that community. Once identified, the community should be involved in identifying and assessing the risks, and managing the processes to rectify these. [Mid North Coast Injury Surveillance Project: Pride, Respect and Responsibility (MNCAHP 2001).] What is acceptable to an Aboriginal and Torres Strait Islander community, then, clearly depends on local needs and not on preconceived ideas of what is culturally appropriate for Aboriginal and Torres Strait Islander people. It is important to recognise the diversity of Aboriginal and Torres Strait Islander communities. Some factors, which appear to contribute to community acceptability across the board include:

	• good information and communication strategies and a highly flexible approach — information should be available and accessible in a way that fits in with the community's style, needs and priorities; • a commitment to feed back the results of research or project outcomes to the community; and • time lines structured in accordance with community needs, not government or organisational deadlines — this is recognised by some highly successful projects.
Partnerships	Partnerships are needed at many levels. Clearly partnerships with the community are an essential component but it is also important to generate genuine partnerships between government sectors and divisions — national, state and local. This is often best done at the local or regional level, with support in principle at central levels without the need to develop complex whole-of-government approaches.
A functioning organisation and good project management	Projects require a strong, stable and innovative organisational base. Leadership in Aboriginal and Torres Strait Islander organisations and in many of the non-Aboriginal and Torres Strait Islander organisations is over-stretched. Care is required to ensure that the structure of the project and the resources provided do not place excessive burden on the implementing organisation.
Skilled and committed personnel	Some of the skills identified as necessary in Aboriginal and Torres Strait Islander safety and injury prevention work were community development skills and, in family violence work, the need for an understanding of the inequalities of gender when dealing with family violence issues. Skills in planning, implementing and evaluating safe, effective and sustainable programs are needed. Among other things this means having project personnel who are able to build capacity as well as do the analysis, write-up and evaluation.
Understanding the underlying factors related to injury	The collection and availability of reliable data is an important first step for projects to develop strategies that are likely to be successful, acceptable and sustainable. In addition, access to specific skills in injury prevention and safety promotion are required to assist projects in selecting interventions and processes.

Most of the factors that will lead to successful injury prevention and safety promotion relate to a long-term process of good communication and management. The reason that there are relatively few injury prevention and safety promotion projects, except those related to a couple of dominant external causes, is that the information needed to set priorities, the support structures within government, and the skill base to deal with injury and safety issues are not yet adequate. Fragmented and siloed funding leads to competing interests, lack of continuity of projects and ultimately to the waste of precious resources.

Successful program and project design should focus on:

- ownership and priority-setting by Aboriginal and Torres Strait Islander people;
- continuity and sustainability of intervention — a few good long-term projects across a range of types of settings and mixes of external causes that are adequately supported to produce sound evidence;
- setting up communication between supported initiatives, and between these and the wider community of interest — this will lead to adoption of promising practice and development of skills and knowledge; and
- providing adequate training for project managers and staff on an ongoing basis, possibly through the use of problem-solving methods and rewarding this training with fully-accredited qualifications.

Factors that impede success

Analysis of this project has identified factors that reduce the likelihood of a project being accepted or being successful. Table 20 provides a summary of the main points raised during interviews. More detail can be found in Volume II.

• Table 20 Factors consistently identified as impeding the success of projects

Lack of funding	The critical level of funding for a sufficient period is often not available. Evaluation and intervention budgets compete with each other. Funding periods are short and do not take into account the time needed to generate and lock in change.
Distance	The tyranny of distance in less densely-populated areas is often underestimated. Consulting and working over a wide area is often necessary, but is very expensive.
Organisational issues	Lack of organisational coherence, dominance of some families within key organisations and within communities, and personnel problems were identified by the minority of informants for this study. Some other interviewees did not want to provide information on these issues.
Problems with multiple projects in one community	The large number of specific and focused projects operating in communities at any one time can lead to competing interests and inhibit the communities' ability to work coherently towards addressing their problems. In addition the complexity of managing resources from different agencies tied to a specific purpose but delivered through a multifaceted, coordinated project can result in project failure.
Inability of projects to deal with the core issues	The view of many project workers is that the core issues of Aboriginal and Torres Strait Islander health and safety are not being addressed. They are only doing 'bandaid' work. The sheer scale of the problems of injury encountered in many Aboriginal and Torres Strait Islander communities made it difficult for project workers to see any improvement in the future.
Environment	Problems with availability and cost of food, lack of education for children, lack of employment and poor housing contribute directly to the rate of injury, but also erode the capacity of the community to invest in preventive activities.
No community involvement in political process.	Projects that are established as a good idea by a small group but which do not adequately consult with the community leadership and community members are most likely to fail.
Lack of commitment to change e.g. from Government and service organisations	Changing government priorities, managers and personnel leave community members confused and disillusioned.

Government directly or indirectly funds the vast majority of the projects identified. The inadequacy and short-term nature of funding is a serious problem for many community-based projects, and many projects fail because of problems at the local organisational level. At the same time, numerous reports and recommendations have emphasised the importance of community control, community acceptability and ongoing community involvement as key factors in any Aboriginal and Torres Strait Islander community project. The solution will not be to abandon a commitment to community involvement, but rather to assist communities to develop by supporting communication and organisational infrastructure necessary for project success, to support existing work where achievements are being made, and to recognise and address the issues of environment, nutrition, education, employment and housing underlying all aspects of the health and wellbeing of Aboriginal and Torres Strait Islander communities.

Gaps and barriers

Data

The level of detail and accuracy of available data is not adequate to permit high standard priority setting or the outcome evaluation of prevention programs. Under-identification of Aboriginal and Torres Strait Islander status in both numerator and denominator has been identified. It is not possible to produce reliable time series data. The structure and coding of data means that mass data must be supplemented with more detailed studies and in-depth research if systematic and effective prevention strategies are to be identified and evaluated.

Viable terminology

Limitations of International classifications

International data classifications are born out of the western medical tradition. The original focus on the physical nature of injury has been supplemented by the addition of external cause classifications that have been improved and better conceptualised over International Classification of Diseases (ICD) editions 8, 9 and 10. The underlying model behind these classifications still focuses on the damage done and the proximate cause. While attempts to broaden this have been made by including the place of occurrence and activity information in ICD-10, these are still poorly recorded and use of the data is difficult (Harrison et al., 2001).

The causal chain of injury is multifaceted. Routine mass surveillance systems based on current international systems can only provide a brief and disjointed view of these chains. Harrison et al (2001:70) point out that:

> The literature indicates that injuries and their prevention in Australian Indigenous communities tend largely to be seen in terms of a series of discrete issues (alcohol and injury, road injury, etc.). An 'injury prevention' perspective in which commonality is seen between a range of 'external causes' exists, but is not widespread. Among these discrete topics, the greatest level of attention has been given to alcohol and its effects. While topic-specific approaches are useful, it may be that gains might be made by also considering risk factors and outcomes more broadly. It appears likely that the possible benefits of an injury prevention approach, targeting a broader range of risk factors and outcomes, have not yet been considered by many Aboriginal and Torres Strait Islander communities.

New terminologies and data definitions are therefore required to provide a sound basis for Aboriginal and Torres Strait Islander Injury prevention.

Lack of clear understanding of Aboriginal and Torres Strait Islander concepts of injury

Aboriginal and Torres Strait Islander views of health are holistic. They focus on total process and are less likely to segment issues. Recent work in developing an Aboriginal Injury Prevention Strategy for New South Wales has found the western medical construction of injury and injury prevention to be problematic.[5] 'Injury' is not a concept that brings about a consistent and well-defined response (Streeter et al., 2003). The focus ranges from 'cuts, bruises and fractures' through 'car crashes, punch-ups and poisoning' to a focus on the injury suffered by Aboriginal people as a result of cultural and social dislocation.

The concept of safety, on the other hand, generates a clear and consistent although broad response, and has led the draft strategy to focus on the 'right to be safe' and 'the responsibility to promote the safety of others' (NSW Health, 2003: 5).

[5] Information obtained during consultations in Dubbo, Shoalhaven, Mid North Coast and Western Sydney areas involving Aboriginal health workers and administrators.

NSW state safety policy consultations, more detailed work undertaken in Western Sydney by the Western Sydney Area Health Service[6] and telephone discussions with project staff on the Tangentyere project in the Northern Territory make it clear that there is a need for projects that deal with injury and safety to actively address issues of inequality, alienation and the trans-generational effects of European settlement. Nevertheless, there is wide agreement that focusing specifically on reducing the impacts of injury in ways that bring about measurable benefits to Aboriginal and Torres Strait Islander people is also essential.

The need to develop a working definition for future activities

By shifting the debate to a positive focus without the difficulty of having a health-based concept of physical injury as the core focus, the use of 'safety promotion' is likely to facilitate:

- use of techniques of management and implementation that demonstrate respect for Aboriginal and Torres Strait Islander people and their culture and deal positively and creatively with the long term hurt and injury that underlies the current high injury rates;
- setting of priorities according to the identified needs of Aboriginal and Torres Strait Islander people;
- work on mixes of issues that reinforce the development of increased capacity for safety utilising the most relevant local, regional and cultural structures; and
- increased preparedness to work across sectors and problem types including breaking down the delineation between intentional and unintentional injury.

Priority setting and intervention planning

There is no systematic way of setting injury prevention and safety promotion priorities that meet the needs of the wide range of Aboriginal and Torres Strait Islander people across Australia. Interventions are often chosen because national or State/Territory funding is available rather than because they have been identified as the most important next step for the health of the community. Shannon et al. (2001a) warned that interventions are often not transferable from one setting to another, yet there is no systematic means of assessing which interventions are most likely to work or what combination of approaches will create a sustainable injury prevention or safety promotion program.

Evidence of effectiveness

Few if any of the initiatives identified by this project have been evaluated to a level that constitutes a formal evidence base. Recommendations about strategies to be used in the future therefore cannot be based on scientific evidence or cost-effectiveness estimates related specifically to Aboriginal and Torres Strait Islander populations.

Intersectoral cooperation

Despite the size and spread of safety problems for Aboriginal and Torres Strait Islander people, responses have been limited, poorly coordinated and far too short-term to produce measurable changes, or even to be confident about the evidence of effectiveness of interventions.

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[6] A report on this work is under preparation and should be approved early in 2003.

The recent South Australian Coronial Inquest into Petrol Sniffing illustrates this sharply with respect to just one issue in the Anangu Pitjantjatjara lands (far northern South Australia). The inquiry brought together three cases of death from the acute effects of petrol sniffing (acute poisoning and chemical burns), and explored the broader issues of cause and chronic effects. The SA Coroner made the following recommendations:

1. That Commonwealth, State and Territory Governments recognise that petrol sniffing poses an urgent threat to the very substance of the Anangu communities on the Anangu Pitjantjatjara Lands. It threatens not only death and serious and permanent disability, but also the peace, order and security of communities, cultural and family structures, education, health and community development.

2. Socioeconomic factors such as poverty, hunger, illness, lack of education, unemployment, boredom, and general feelings of hopelessness must be addressed, as they provide the environment in which substance abuse will be resorted to, and any rehabilitation measures will be ineffective if the person returns to live in such conditions after treatment.

3. The fact that the wider Australian community has a responsibility to assist Anangu to address the problem of petrol sniffing, which has no precedent in traditional culture, is clear. Governments should not approach the task on the basis that the solutions must come from Anangu communities alone.

4. The Commonwealth Government, through the Central Australian Cross Border Reference Group, and the South Australian Government, through the Anangu Pitjantjatjara Lands Inter-Governmental Inter-Agency Collaboration Committee, should accelerate their efforts to find solutions to these issues and get beyond the 'information gathering' phase forthwith. They should use the extensive knowledge, published material and professional expertise that is already available.

5. It is particularly important that Inter-Governmental coordination of approach be a high priority in order to avoid the fragmentation of effort and confusion and alienation of service-providers which are features of current service delivery to Anangu communities.

6. Commonwealth and State Governments should establish a presence in the region, if not on the Anangu Pitjantjatjara Lands then at least in Alice Springs, of senior, trusted officials, in order to develop local knowledge, personal relationships with service providers and receivers, and some expertise and experience in cross-cultural issues, rather than relying on infrequent meetings with ever-changing officials in order to communicate with Anangu. Such officials should be invested with sufficient authority to manage and assess programs on an ongoing basis, so that service providers can have a line of communication with the funding body, and some certainty as to future arrangements.

7. Many of the strategies for combating petrol sniffing which have been tried in the past should not be discarded simply because they failed to achieve permanent improvements. Some of them might be regarded as having been successful for as long as they were extant. For any strategy to be successful will require broad Anangu support. Most strategies will fail unless they are supported by others as part of a multi-faceted approach. Strategies should be aimed at primary, secondary and tertiary levels, as I have outlined in these findings.

These findings refer to just one issue and one small region of Australia but show how policy and service delivery fragmentation can become entrenched. It is unlikely that this issue is confined to one problem or one geographic area. In each of the areas studied in detail so far (Gladman et al., 1997; Royal & Westley-Wise, 2001; Heslop, 2002; and Streeter et al., 2003) concerns about intersectoral and inter-governmental fragmentation have been raised to some degree.

The great diversity of injury — including, as it does, unintentional injuries, violence (both self-directed and interpersonal), and many settings and causes such as those related to work and road use — presents a complexity that requires a coordinated, holistic approach.

The case for such an approach in the area of violence has been made strongly by the World Health Organization (WHO) in what it calls a 'public health' approach (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002):

> everything — from identifying the problem and its causes, to planning, testing and evaluating responses — must be based on sound research and informed by the best evidence.

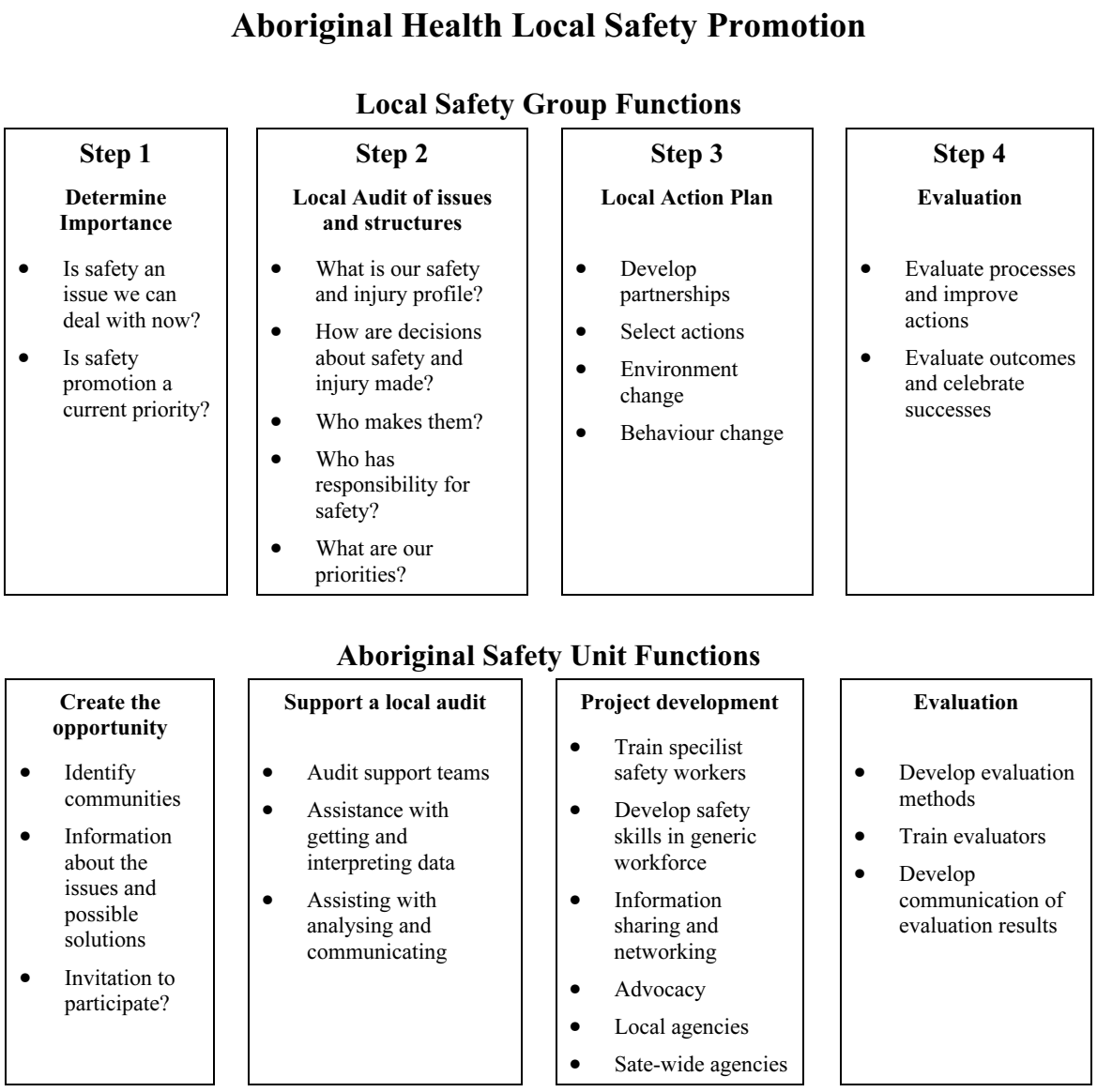
Importantly, this approach (which is relevant to all injury, not just violence) is multidisciplinary, involving partnerships between a wide range of people and organisations, and making use of 'a wide range of professional expertise, from medicine, epidemiology and psychology to sociology, criminology, education and economics' (Krug et al., 2002). But the partnerships need to be more than just between individuals and organisations: there is a need also to ensure that all the relevant sectors are involved — justice, transportation, labour, education and social services, for example, as well as the health sector.

Measured against the goal of multiple partnerships — between individuals and organisations, between disciplines, and between sectors — much progress is required in Australia, particularly in regard to intersectoral collaboration. This is clearly evident from the relatively uncoordinated initiatives in the areas of community and family violence, and, to a lesser extent, road injuries.

The need for a holistic approach to injury among Aboriginal and Torres Strait Islander people is so great that, as well as considering Australian models, lessons should be drawn from the WHO violence report and from the history of injury prevention developments in the United States. The health sector in the US has been deeply involved in road injury prevention for many years in partnership with the National Highway Traffic Safety Authority, and in violence prevention for around 20 years. The importance of collaboration between the health and other relevant sectors is recognised in a number of recent national reviews in the US, including: injury generally (Reiss Jr & Roth, 1993); violence against women (Crowell & Burgess, 1996); and suicide prevention (Goldsmith, Pellmar, Kleinman, & Bunney, 2002).

Recognising the fact that injury is such an important contributor to the overall health burden experienced by Aboriginal and Torres Strait Islander people — and the great costs to the health sector of treating injuries to Aboriginal and Torres Strait Islander people — it is important that the health sector takes a leadership role in the development of a coordinated, holistic approach. As part of the health sector's leadership role, it needs to ensure that ATSIIPAC's agenda reaches AHMAC and AHMC.

- Figure 10 Map of the local safety promotion strategy, showing roles of local communities and the Aboriginal Safety Unit



Source: NSW Health 2003 :7

In addition clear support structures are needed for injury prevention and safety promotion strategies. This has been recognised within the Aboriginal Health Strategy in NSW (NSW Health, 2003) and progress is being made towards developing a state-wide Aboriginal Safety Promotion Strategy. The core of this initiative is a central support unit for the development of locally initiated multi-issue programs and the development of accredited training in safety promotion and injury prevention. The local program structure is shown below along with the relationships to, and functions of, the support unit, which will be similar to those already planned for Shoalhaven and the Mid North Coast (see Figure 10). The strategy also defines NSW health sector support for a whole-of-government approach to Aboriginal safety.

Complementary national approaches are needed to generate coordination between sectors according to local priorities.

Health sector orientations and staff training

The health sector is primarily oriented towards the treatment and prevention of acute and chronic disease. Injury prevention, despite being named as a national health priority area, has struggled to generate sustainable commitment from national and State/Territory governments. Aboriginal and Torres Strait Islander health priorities have centred around infectious disease control, nutrition, cardiovascular disease and diabetes and more recently mental health. There are few staff with specific training in injury prevention, the use of injury data and injury program evaluation. There are few managers and team leaders with specific knowledge of injury issues, and the development and management of the sort of multi-sectoral programs that will form the basis of prevention. At the policy level, the orientation is around the mainstream activities of health service provision and disease prevention and it is difficult to get injury considered as an issue except as a sub-issue in other mainstream projects like alcohol and drug policy and mental health.

Workplace safety

There are no reliable data on the injury of Aboriginal and Torres Strait Islander people at work. Worksafe Australia announced a research project , heralding some research into this area. (National Occupational Health and Safety Commission Press release August 28th 2003), The leader of the research gave a clear assessment of the problem:

> Dr Mayhew describes the OHS status of Aboriginal and Torres Strait Islander workers as a neglected area of research.
>
> "They are vulnerable to occupational injury and illness because of their race, and labour market position. And English may not be their first language," she says.
>
> Dr Mayhew's pilot study will examine exposures to dangerous tasks, hazardous substances, patterns of work-related injury and illness, the provision of OHS information, and injury-reporting trends in Queensland.
>
> "People in this position traditionally have weak bargaining power and either through coercion or choice do not report workplace injuries or illnesses," she says.
>
> "Among reasons are a fear of losing their often hard-won — and, particularly, in remote areas — scarce jobs."
>
> Dr Mayhew adds she has first-hand reports of "some horrendous stories" of what workers of Aboriginal and Torres Strait descent told her in earlier research into occupational injuries and illness patterns. This prompted her to undertake a comprehensive look at these problems and assess causes.
>
> She suspects anecdotal evidence will be substantiated by the research.
>
> "At present, no-one knows what the patterns of work-related injury and disease are for Aboriginal and Torres Strait Islander workers," Dr Mayhew comments.
>
> Those most vulnerable were in remote areas, getting older, with less formal skills — and restricted alternative options for employment.

Spicer's (1997) review of CDEP schemes, a major employer of Aboriginal people, argued that a priority for ATSIC in managing the schemes should be:

> 'Providing funding to meet the costs associated with work activities including wages, materials and equipment and ensuring a healthy and safe working environment.'

The Cape York study (Gladman et al., 1997) noted problems with safety and Workers Compensation in local CDEP schemes and noted that under-reporting of injury was occurring due to the desire by local CDEP schemes to benefit from large no-claim bonuses (p74).

Men's programs

While injuries to Aboriginal and Torres Strait Islander men are frequent, relatively few initiatives focus on men's safety. Local community studies (Gladman et al., 1997; Heslop & MNCAHP 2001; and Streeter et al., 2003) have all expressed concern of the under-attendance of men for treatment and the acceptance of injury from violence to men as the norm. The focus on domestic violence to women, without counterbalancing attention to violence among men and less often by women against men, tends to place men solely in the role of perpetrator. There is a need to address this. Aboriginal and Torres Strait islander men are less likely to be employed than women. If they are employed it is likely to be in high-risk jobs. They also have high rates of imprisonment, a situation where violence levels are high. Males are frequently exposed to the contributing factors for high rates of violence, accidental injury and self-harm — and programs are needed to address this.

Directions for the future

The importance of an Aboriginal and Torres Strait Islander Injury Prevention and Safety Promotion Plan

The need for a National Aboriginal and Torres Strait Islander Injury Prevention Plan has been identified by ATSIIPAC. This report has described three aspects that underlie this need.

Different needs

This project's analysis, and associated literature and project reviews have demonstrated that the safety promotion and injury prevention needs of Aboriginal and Torres Strait Islander people have a pattern that is shaped by their cultural disruption, environments and lifestyles. The causal chain leading to increased injury and diminished safety among Aboriginal and Torres Strait Islander people differs significantly from non-Indigenous patterns.

Different environments

Risks occur in different ways and at different ages. Possibilities for interventions are culturally determined. Specific interventions that are relevant to the local cultural, social and physical environment are therefore needed to address Aboriginal and Torres Strait Islander safety issues.

Different networks

It is also clear that initiatives are more likely to succeed when they are conceptualised and driven by Aboriginal and Torres Strait Islander people supported by a wider range of information, resources and expertise. The networks by which information is passed and trust gained are an important part of Aboriginal and Torres Strait Islander societies, and these need to be respected and supported.

A National Aboriginal and Torres Strait Islander Injury Prevention Plan needs to be built around a firm understanding of these issues and focus on the effective linkage of the wide range of initiatives, the strong Aboriginal and Torres Strait Islander networks and national health infrastructure.

- **Recommendation 1:** That a National Aboriginal and Torres Strait Islander Injury Prevention Plan be developed within the health sector and fully encompass the varying needs of Aboriginal and Torres Strait Islander people living in all parts of Australia, according to their needs and environments, with respect and in partnership with Aboriginal and Torres Strait Islander networks and cultures.

Specific Actions required

Develop the role of Aboriginal and Torres Strait Islander people and their organisations

The reports of existing initiatives, the interviews and the literature show that Aboriginal and Torres Strait Islander people seek to develop and implement safety initiatives in partnership with agencies, organisations and people that can make a difference. They seek the right to be safe and have stated a willingness to be responsible for contributing to the safety of others (NSW Health 2003).

Aboriginal and Torres Strait Islander people have expressed — through the Canberra Declaration, in policy consultations in NSW and during interviews for this report — the desire to develop safety promotion and injury prevention programs that dovetail with the many other tasks and priorities that face Aboriginal and Torres Strait Islander society. It is important that safety and injury initiatives are part of an overall program to increase Aboriginal and Torres Strait Islander health and wellbeing.

NACCHO's 1998 submission to NIPAC argued that:

> 'The emphasis on coordinating injury prevention should focus on supporting preventive primary health care activity, healthy public policy, and community and professional education and community action. These approaches are best integrated within existing holistic community-based services and Aboriginal community-controlled health structures which coordinate health activity'.

Our analysis supports this but suggests that future strategies for injury prevention and safety promotion should not just reside in the health sector. There is a need for wide involvement of Aboriginal and Torres Strait Islander people, and their organisations and agencies in all relevant sectors, in future planning.

Future priorities for action should be set by Aboriginal and Torres Strait Islander people in partnership with others who have complementary skills in using data and in safety promotion and injury prevention. It is not appropriate to set uniform national priority areas defined by cause or target group. It is more appropriate to provide information to Aboriginal and Torres Strait Islander people about the issues and provide support for them to set priorities according to what is possible and in line with overall priorities for health and wellbeing.

- **Recommendation 2:** That the evidence of injury and safety issues and the possibilities for prevention be placed before Aboriginal and Torres Strait Islander people in their chosen forums and that priorities for action should flow from the decisions made by these forums at the national, state, regional and local levels.

The analysis of Aboriginal and Torres Strait Islander demography earlier in this paper showed a that a large proportion of the Aboriginal and Torres Strait Islander population is young. It also showed the diversity of lifestyle and communities. An injury prevention and safety promotion plan will need to be responsive to this.

- **Recommendation 3:** That injury prevention and safety strategies explore the potential for working with the large group of younger people in Aboriginal and Torres Strait Islander society through educational activities.

- **Recommendation 4:** That injury prevention and safety promotion projects be tailored to the specific need of communities in line with their demography, lifestyle and environmental conditions.

Specific actions required

Develop and adopt a model for action with a sound theoretical base

The projects examined during this project are built on a number of theoretical models. These come from the core disciplines involved, and the policy and strategic framework of the wide range of departments and organisations involved. For the health sector to make an additional but unique contribution, its Aboriginal and Torres Strait Islander initiatives must also be built around a coherent theoretical model and this model shared with the full range of disciplines and sectors.

There is a need to present clearly a theoretical model that builds Aboriginal and Torres Strait Islander understandings of health and culture: on the public and population health and health promotion models, and on the theoretical underpinnings of injury prevention as they add to these. This will be a key task in the development and dissemination of an Aboriginal and Torres Strait Islander Injury Prevention and Safety Promotion Plan. It is likely to contribute considerably to the development of effective linkages across the wide range of issues, places and peoples that must be served.

- **Recommendation 5:** That the National Aboriginal and Torres Strait Islander Injury Prevention Plan should be built around a clearly defined and explained public health model in order to complement the models used by other sectors in dealing with related issues.

Develop the National Aboriginal and Torres Strait Islander Injury Prevention Plan as an Indigenous Safety Promotion initiative

From the complex set of ideas developed in this paper, the following is a brief blueprint for an Aboriginal and Torres Strait Islander Injury Prevention and Safety Promotion Plan:

- build capacity and commitment to action through increasing knowledge of safety and the effectiveness of injury prevention, and of the skills for prevention in both the Aboriginal and Torres Strait Islander and non-Indigenous communities;
- encourage the setting of safety promotion and injury prevention priorities by Aboriginal and Torres Strait Islander leaders;
- support interventions targeted in three ways:
  - single issues;
  - small numbers of related issues with close links where more than one sector is involved; and
  - multi-issue projects and programs covering the broad spectrum of safety and injury;
- provide sufficient resources to make a difference and to build an evidence base;
- develop an accredited training scheme in safety promotion and injury prevention;
- support interventions that have a mix of environmental and behavioural interventions, and which provide a good example of dealing proactively with the underlying alienation and disadvantage of Aboriginal and Torres Strait Islander people;
- focus on improving surveillance systems and supplementing them with detailed qualitative data in areas where interventions are supported; and
- develop a knowledge base to promote active sharing among those who choose to work in this field.

- **Recommendation 6:** That the National Aboriginal and Torres Strait Islander Injury Prevention Plan lead to a set of concrete interventions based on sound information use, a wide mix of intervention types, high quality training and full partnership between Aboriginal and Torres Strait Islander people and other Australians.

Build a foundation of information and knowledge

Effective and efficient Aboriginal and Torres Strait Islander injury prevention and safety promotion initiatives will need a comprehensive knowledge base. This would include the development of adequate data, sound qualitative and quantitative research and excellent sharing of information about existing programs and projects, particularly examples of ‘best practice’.

Our literature summary shows that, as with other areas in Aboriginal and Torres Strait Islander health, current data sources are generally inadequate for: assessment of trends; identification and quantification of most risk factors; evaluation of the efficacy and other properties of most interventions; and assessment and monitoring of the extent and distribution of these interventions.

It is beyond the scope of this report to make specific recommendations about national health data systems. This has already been done by Harrison et al (2001) and the National Health Data Management Committee through the Australian Health Ministers' Advisory Council.

This analysis suggests that, from the point of view of planning, initiating and evaluating safety initiatives, it is important to improve:

- identification of Aboriginal and Torres Strait Islander status;
- accurate identification of the contribution of violence to ATSI mortality and morbidity;
- our understanding of the biases in incidence estimates caused by different access to and use of treatment services; and
- the use of data from other sectors.

The local surveillance and prevention initiatives in NSW have shown that a focus on safety and injury prevention provides incentives for implementing better coding procedures (Royal & Westley-Wise, 2001; Heslop, 2002). These projects also show that the use of multiple local data sources and short-term data collection can improve the usefulness of mass data at the local and regional level.

The currently available data on Aboriginal and Torres Strait Islander injury and safety are not adequate to allow systematic setting of priorities. Trend data are not measured accurately enough to facilitate the measurement of the effect of interventions.

- **Recommendation 7:** That urgent attention be paid to developing information collections that provide adequate trend data on incidence, clear evidence on causes and accurate region by region comparisons — in particular, the feasibility of a high quality longitudinal cohort study of Aboriginal and Torres Strait Islander people be assessed with a view to better understanding the causal factors and the lifecycle impacts of injury and disease, and a wide range of contributing factors.

- **Recommendation 8:** That full recognition be given in the National Aboriginal and Torres Strait Islander Injury Prevention Plan to the value of both qualitative and quantitative research paradigms and the development of evidence which is useful for the decisions that must be made at all levels — from local priority-setting to government policy.

The introduction of a sustainable National Aboriginal and Torres Strait Islander Injury Prevention Plan has the potential to provide greater impetus to the technical improvements being planned for the hospital in-patient and deaths collections. Commitment to data quality is higher when the data are being used effectively in determining actions close to the level of data provision.

Harrison et al (2001) commented also on the difficulty in identifying local injury programs and projects. This difficulty was experienced also by this project, as information about the majority of programs and projects does not make its way into the academic literature. As noted in this project's literature summary, full documentation of programs and projects that address injury among Aboriginal and Torres Strait Islander people needs to go far beyond the literature easily accessible from the routine literature searches. There is a real need to identify, collect and make accessible the informal literature from all relevant networks.

Addressing the need to share information about local injury programs and projects, Harrison et al (2001) noted that the Australian Indigenous Health*InfoNet* could 'facilitate identification and documentation of these types of activity'. That report identified the Health*InfoNet* also as a means of conveying 'information effectively to particular audiences, particularly including information users in Indigenous communities'.

Harrison et al identified also the need for attention to be given to encourage 'the spread of 'good practice' for injury prevention in Indigenous communities'. The Health*InfoNet* is already facilitating the active sharing of this type of information in some areas, and could well extend its work to include safety promotion and injury prevention.

As well as sharing information about local injury programs and projects, Aboriginal and Torres Strait Islander safety promotion and injury prevention would benefit by better access to the general evidence base relating to injury prevention. Such a component could be included as a part of a comprehensive knowledge base for Aboriginal and Torres Strait Islander safety promotion and injury prevention.

An extensive literature is developing around knowledge management and 'communities of practice' (CoP). Much of this has been in the business sector, but the lessons are applicable to the health sector, including the field of safety promotion and injury prevention. As well as its work on 'good practice', the Health*InfoNet* has also developed, for the Intergovernmental Committee on Injecting Drug Use and Blood-borne Viruses among Indigenous People, a prototype for a CoP in that area. It is possible that a similar approach could be used for an Aboriginal and Torres Strait Islander safety promotion and injury prevention CoP.

- **Recommendation 9:** That the National Aboriginal and Torres Strait Islander Injury Prevention Plan include a comprehensive Plan be developed to facilitate the generation, systematic collection and dissemination of knowledge about programs, projects and activities that can enhance the effectiveness, efficiency and coverage of Aboriginal and Torres Strait Islander safety promotion.

- **Recommendation 10:** that intervention strategies utilise available data from a range of sectors, supplementing it with short-term studies, for setting of priorities and assessment of impact — the results of this process should be used to promote higher standards of health data collection.

Develop a workforce

In interviews conducted by Dr Clapham and detailed discussions held during the consultations for the NSW Aboriginal Injury Prevention and Safety Promotion Strategy developments[7], a very strong plea was made by Aboriginal and Torres Strait Islander Health Workers that they not be asked to add another issue to their already crowded schedule without proper training and recognition. This requires both training of Aboriginal and Torres Strait Islander people in injury prevention and safety promotion, and training of other workers with expertise in these areas to work effectively in Aboriginal and Torres Strait Islander cultures and settings.

[7] Jerry Moller was present at all of these meetings and this finding was confirmed by participants in meeting notes provided to them as feedback of the consultations.

The public health model will form a sound basis for safety promotion and injury prevention, but there is a range of skills and knowledge that is needed among public health practitioners if they are to succeed in this area. The multi-sectoral nature of safety, the need for engineering and system knowledge in order to read the research, the broader legal and liability frameworks, and an understanding of the operational styles of the wide range of professions and organisations that need to be brought together — all require that specialist knowledge and skills must be taught and developed.

There is a shortage of positions and personnel with the safety promotion and injury prevention skills needed overall (Human Capital Alliance, 2002:70–72). Therefore, it is not likely to be easy to find a non-Indigenous workforce with both the necessary technical skills, and the training and orientation to work as partners with Aboriginal and Torres Strait Islander people.

A National Aboriginal and Torres Strait Islander Injury Prevention Plan will require a suitable work force. Table 16 shows that the entire Aboriginal and Torres Strait Islander workforce in Australia numbers are only slightly over 100,000. Of these less than 12,000 work in health and community services. The recent AIHW review on Aboriginal and Torres Strait Islander health (Aboriginal and Torres Strait Islander Health and Welfare Information Unit, 1997) details the size and complexity of Aboriginal and Torres Strait Islander health issues, suggesting that those who are working in core fields are already fully occupied. During consultations for this report it became clear that, while there is great support for safety promotion initiatives, there is a matching concern about how far the current skill pool can be stretched.

• Table 16 The Australian Aboriginal and Torres Strait Islander Workforce 2001

	Employed persons		
	INDIGENOUS		
	Males	*Females*	*Persons*
Health and Community Services:			
Health and Community Services, Undefined	288	571	859
Health Services	1,416	4,098	5,514
Community Services	1,707	3,625	5,332
Total	*3,411*	*8,294*	*11,705*
Total ATSI in workforce	**54,750**	**45,643**	**100,393**

Source: Australian Bureau of Statistics 2003

The entire safety promotion and injury prevention workforce does not need to be Indigenous. Our review of projects shows that partnerships between Indigenous and non-Indigenous workers have been identified as useful, if not essential, by many of the projects.

It should not be assumed that a person with public health or health promotion training can successfully design, develop and implement safety promotion or injury prevention initiatives. Effective safety program development requires a critical mass of technical knowledge in each project.

Training programs therefore will be necessary as part of any Aboriginal safety promotion initiative. The NSW Aboriginal Safety Strategyhas recognised this need and included training and capacity-building as a core element of its local program approach. It should be noted however that during consultations, there was considerable concern among Aboriginal people that training and qualifications need to be properly recognised and transferable with the Australian workforce.

The AHMAC Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework recognises the importance of structured training for Aboriginal Health Workers. It authorised the Commonwealth to commence negotiations on the development of national competency standards and qualifications for Aboriginal Health Workers, with a focus on portability and safety of work. To ensure that nationally recognised training is put in place, future training will be conducted through the National Industry Training Packages.

National Industry Training Packages set out national competency, assessment and qualifications that apply to areas of work within an industry such as the Aboriginal and Torres Strait Islander health sector. They provide an accurate map of the functions of job roles in all states and territories covered by the national qualifications. A National Industry Training Package will usually have the following features: including different qualification levels to reflect different work levels; compulsory units of competency for different work levels; and flexibility built into the qualifications structure to take account of differences between jobs. The quality of training is achieved by assessing all candidates against the standards set out in the training package.

While it is unclear at this point in time how the safety promotion and injury prevention sector will be incorporated into a National Industry Training Package, inclusion will assist in providing a framework for the development of Aboriginal and Torres Strait Islander safety promotion and injury prevention competencies and training pathways. It will also be important that any future initiative in the safety promotion and injury prevention area is closely linked to other forms of Aboriginal and Torres Strait Islander health work training. This will ensure consistency and portability, both geographically and across qualifications.

- **Recommendation 11:** That any future Indigenous Health Training Package include competencies and qualifications on safety promotion and injury prevention.

- **Recommendation 12:** That the issue of Aboriginal injury and safety should be included in population and public health courses and in the training of non-Aboriginal and Torres Strait Islander health service staff at university, TAFE and in professional development.

Identify and allocate resources

Short-term demonstration or pilot project funding is not recommended. Most of the projects reviewed receive relatively short-term funding (less than three years) and are badly affected by the need to continually seek top-up or continuation funding.

Several high-level reviews (see for example, Fitzgerald, 2001) remarked on the lack of coordination and the short-term nature of the programs that deal with Aboriginal and Torres Strait Islander issues. Consultations with Aboriginal and Torres Strait Islander people for this report show that short-term interventions do little to create sustainable change (see Volume II: Programs, Projects and Actions). It is likely that longer-term, high quality initiatives in fewer places will provide the foundation of knowledge, skill and commitment needed to achieve significant injury reductions.

Projects such as those at Yarrabah (reviewed in Volume II), which has tackled difficult issues relating to self-harm and violence as well as other injury issues using a community development approach over more than seven years, have taken many years to generate a skill base and an accepted and effective way of dealing with changing issues. It is insufficient to focus on capacity-building in the short term and to expect change to occur. Longer-term projects with good evaluation and which have adequate resources are the preferred approach.

This analysis has shown that there are major differences in the mix of issues between states and regions and between local communities. It is important therefore to select intervention points strategically with a view to demonstrating the options and providing an evidence base in the longer term. The analysis shows that there are many possible priority areas that can be defined by state, region, injury cause, target group and even by immediately-accessible, opportune circumstances. The choice of the mix of strategies should rest with Aboriginal and Torres Strait Islander leaders, based on the information provided here, and with the assurance that what is started will be finished and the lessons learned will be shared.

- **Recommendation 13:** That Aboriginal and Torres Strait Islander leaders advise the Commonwealth on priorities for safety promotion and the mix of initiatives that they believe can be supported effectively.

- **Recommendation 14:** That the National Aboriginal and Torres Strait Islander Injury Prevention Plan initiatives should have a long-term approach and receive resources sufficient to produce high-quality outcomes and sound evaluations, and facilitate wide sharing of information about processes and outcomes.

Initiate a series of safety promotion strategies

The literature review and consultations have indicated that an injury prevention and safety Promotion Plan should use approaches that:

- are likely to lead to commitment to safety issues by Aboriginal and Torres Strait Islander people;
- are based on methods of managing and implementing programs that have resulted in stable long-term commitments;
- identify and change risk factors; and
- are based on sound safety promotion, injury prevention and public health principles.

In addition to these principles, there is a need to mix three different intervention classes according to the needs and opportunities available. The following section is derived from analysis of interview and case study data collected for this project. The tables below, (Table 20, Table 22 and Table 22) describes each strategy class, and details the criteria and essential conditions for its use.

- Table 21 Initiatives focusing on a single issue

Description	**Examples**
A single safety issue is chosen as a focus of attention without reference to wider issues or linking to other safety strategies	Pedestrian safety Open vehicle safety Violence Housing safety Sports and leisure safety
Criteria for choosing this approach *This approach will be chosen where:* • the safety issue can be clearly defined, and effective implementation does not require linkage to other issues; • there is a specific opportunity for action; and • other multi-issue initiatives are not in place or appropriate linkages cannot be made.	**Essential conditions** The issue is viewed by the relevant Aboriginal and Torres Strait Islander population(s) to be important, after the nature and scope of the issue has been defined and relevant information provided There is reasonable evidence that the intervention chosen is the most effective and efficient available, or such evidence will be generated during the implementation phase

- Table 22 Initiatives developing a synergy between two or three issues

Description	**Examples**
A number of issues are targeted together. These issues may not all be directly related to safety — for example, diabetes management and fall injury among older people have common issues, and a linked intervention may be used.	Alcohol and violence Poor literacy and road safety Multiple substance abuse (alcohol, illicit drugs, prescribed drugs) Family violence and unintentional injury to children Diabetes and fall injury
Criteria for choosing this approach *This approach will be chosen where:* • the issues are closely linked; • there are clear advantages in joining resources and operational models from multiple agencies, organisations and disciplines — advantages may include reduction of complexity of services and increased accessibility to Aboriginal and Torres Strait Islander people; multiplier effects of linked initiatives; or gains in efficiency resulting in better coverage and outcomes; and • the value systems that form the basis of the interventions are compatible	**Essential conditions** The issue is viewed by the relevant Aboriginal and Torres Strait Islander population(s) to be important ,after the nature and scope of the issue has been defined and relevant information provided Sufficient cohesion exists or can be generated A sense of relationship and obligation between both Indigenous and non-Indigenous workers associated with the program A sense of relationship and obligation between agencies and organisations from all relevant sectors at the local operational level A sustained and sustainable project

• Table 23 Multi-issue initiatives

Description	**Examples**
Safety issues are often fruitfully dealt with together. Rather than a focus on one or two priority injuries or issues, programs that introduce the common principles of risk management and injury prevention can create a spectrum of effects. Equally, matters not usually seen as safety issues — especially those relating to health or reconciliation — can be accessed from a safety program, or may form a stepping-off point for dealing with safety issues.	Generic local safety promotion/injury prevention programs Men's programs Children's safety programs
Criteria for choosing this approach *This approach will be chosen where:* • sufficient cohesion exists or can be generated between key individuals, communities and organisations; and • multiple safety issues are linked to common causes, risk factors or processes within the field of operation	**Essential conditions** Willingness to address underlying issues — each program must be accompanied by strategies to address socioeconomic issues such as poverty, hunger, health, education and employment A high degree of community support Operational level priority setting A sense of relationship and obligation between both Indigenous and non-Indigenous workers associated with the program A sense of relationship and obligation between agencies and organisations from all relevant sectors at the local operational level A sustained and sustainable project Support for multiple methods of intervention, e.g. education, environmental change, legislation and regulation

The interventions should build on the principles and methods that have been shown to increase success (see Volume II for details). These include:

- adequate funding and resources;
- community control/respect for community protocols;
- community acceptability and involvement;
- partnerships;
- a functioning organisation and good project management;
- skilled and committed personnel;
- understanding the underlying factors related to injury;
- good communication; and
- adequate training for project managers and staff on an ongoing basis.

- **Recommendation 15:** That the National Aboriginal and Torres Strait Islander Injury Prevention Plan utilise multiple approaches. A mix of single issue, two or three linked issues, and an overall safety approach will be required according to the needs and circumstances of the project and the partnerships possible with other sectors.

- **Recommendation 16:** That the Aboriginal and Torres Strait Islander Injury Prevention Action Committee assess the merit of changing the name 'National Aboriginal and Torres Strait Islander Injury Prevention Plan' to the 'Aboriginal and Torres Strait Islander Injury Prevention and Safety Promotion Plan" — safety is a positive term well accepted by Aboriginal and Torres Strait Islander Australians and more inclusive of the partners from the many sectors that will be involved in the plan

- **Recommendation 17:** That the future work should operate as a full partnership with Aboriginal and Torres Strait Islander people from all sectors using identified leading edge practices.

Work across sectors

Government

The Australian Government Department of Health and Ageing carries responsibilities for the health of Aboriginal and Torres Strait Islander people at a national level. Injury is a priority health issue and there is clear evidence that Aboriginal and Torres Strait Islander people sustain higher injury rates than their non-Indigenous counterparts. However, injury occurs as a result of a complex set of causes, many of which are not directly under the influence of the health sector. The public health model recognises this, and proposes that interventions should involve a web of agencies, organisations and people that can make a difference in safety promotion and injury prevention programs.

Aboriginal and Torres Strait Islander injury and safety issues cannot be neatly defined along departmental or sectoral lines. Issues of Aboriginal and Torres Strait Islander safety involve accidental injury prevention (the province of population health and a range of other sectors), self-harm (which, for the general population, has been defined as a mental health issue) and violence (which is seen as a mental health issue, with strong leadership taken by the Attorney General's department, the police and welfare sectors).

Whole-of-government approaches can operate at many levels — from top level, cabinet-led strategies to local intersectoral partnerships.

This presents a challenge for this report, which is a report for the Population Health Division of the Australian Government Department of Health and Ageing on behalf of ATSIIPAC and the National Public Health Partnership and the Australian Health Ministers Advisory Committee. It is a challenge that is echoed even more urgently among Aboriginal and Torres Strait Islander people. A small number of people, with diverse lifestyles, spread across a large country face dealing with the plethora of interests and departments and infrastructures that are duplicated at state level and often at local government level. In addition to dealing with the primary problem, they must also deal with a 'strife of interests'. The challenge for an injury prevention and safety strategy will be to create mechanisms that lead to positive change in the lives of Aboriginal and Torres Strait Islander people. This report can only identify the issue and make recommendations about how one part of the health sector can respond. The problem has been recognised by the Council of Australian Governments, and it is considering better methods of coordination and the simplification of relationships within multiple sectors.

The Australian Government Department of Health and Ageing has a clear mandate to work effectively with other Commonwealth, State/Territory and non-government sectors on the issue of safety promotion and injury prevention. It provides leadership by developing strategies to ensure that its own divisions can form effective and efficient partnerships when dealing with Aboriginal and Torres Strait Islander injury and safety issues. It is clear that Aboriginal and Torres Strait Islander people are not satisfied with a siloed approach to their wellbeing, and would appreciate a less complex and more cohesive approach to their needs.

With so many sectors, governments and agencies involved, it is hard to define the chain of responsibility. This has the danger of leading to a situation where no-one has the responsibility, or where the cost of determining responsibility cuts heavily into the delivery of much needed initiatives. The South Australian Coroner (2002) remarked critically on one example of the complexity of decision-making across the relevant sectors, its lack of timeliness and lack of capacity to deliver initiatives to Aboriginal and Torres Strait Islander people.

State and Territory governments have administrative and policy responsibilities for many of the major causes of injury. They deliver treatment and prevention services, and they develop the environments (physical and social) in which Aboriginal and Torres Strait Islander people live. State and Territory governments also influence the quality and range of responsibilities of local governments. State and Territory governments drive many of the interventions described in this paper, but it is clear that there is a need for greater coordination and cooperation between sectors and a clearer commitment to positive long-term outcomes.

Any Indigenous safety promotion and injury prevention initiative will require multi-sectoral cooperation at State/Territory level. The potential for local and regional levels of cooperation and partnership should be explored in parallel with higher-level agreements such as the Framework Agreements. Each will need to move at their own speed, and delaying one before commencing the other would result in unacceptable delays. On the other hand, parallel development will enrich actions and decisions at all levels.

Careful consideration must be given to the delegation of authority, moving decision-making closer to the point of delivery, and developing shared rather then multiple accountability mechanisms.

Making a difference is what is important. A National Aboriginal and Torres Strait Islander Injury Prevention Plan should:

- base initiatives on functional regions;
- develop a simple accountability mechanism that meets the needs of all participating and funding organisations;
- permit flexibility of arrangements in different places, but systematically implement accountability according to the pre-arranged terms for each project or program; and
- plan on at least a three-year basis, and base projects on agreements that require those who supply the funds to renegotiate and compensate projects for any change of direction that they require as a result of policy or personnel change.

Broad arrangements are needed at the State/Territory and national departmental level to remove as many as possible of the barriers to cross-jurisdictional and cross-departmental cooperation at the project level. Such arrangements should minimise the complexity and duplication of accountability mechanisms for the projects. This is currently being considered by COAG.

The health sector can make an immediate contribution to the process by considering ways in which cross-divisional and multi-state arrangements within the health sector can be developed to facilitate effective and efficient delivery of injury prevention and safety initiatives that make a difference for Aboriginal and Torres Strait Islander people. An example is cooperative funding, administrative and accountability mechanisms between population health, mental health and clinical services divisions in developing broad safety strategies for adolescent Aboriginal and Torres Strait Islander people in specific regions.

- **Recommendation 18**: That intersectoral and inter-divisional arrangements are developed at the geographical level at which initiatives are implemented (i.e., local partnerships or regional partnerships), are kept simple and are viewed as contributing to the understanding of developing higher order partnership models.

Workplace safety

Utilise CDEP to promote safety

In view of the lack of published data on Aboriginal and Torres Strait Islander work-related injury, and the evidence from the Census that many Aboriginal and Torres Strait Islander people work on high-risk tasks in high-risk industries, there is a need to improve our understanding of this issue. The Commonwealth through ATSIC, operates CDEP schemes across Australia. Evidence from the NSW and Torres Strait injury surveillance and prevention studies (Gladman et a., 1997; Royal, 2000) suggests that safety promotion — including skills development, first aid training and occupational health and safety risk management — needs to be strengthened in these programs. Such action should not only better manage the risk of these programs but also provide important knowledge and skill bases among Aboriginal and Torres Strait Islander people, especially in rural and remote communities. These skills can contribute to effective injury prevention and safety promotion in all settings, not just the workplace.

- **Recommendation 19**: That the Australian Government Department of Health and Ageing and ATSIIPAC initiate discussions with the ATSIC to ascertain how they manage occupational health and safety so as to determine the possibilities for increasing safety training and generic safety promotion among people who are employed by CDEP schemes including routine reporting of occupational injury among CDEP employees and trainees.

- **Recommendation 20:** That the Australian Government Department of Health and Ageing initiate discussions with the National Occupational Health and Safety Commission promote occupational health and safety data systems at the State/Territory and national levels that routinely report on injury among Aboriginal and Torres Strait Islander workers — these reports should provide rates per person hour worked so that comparisons may be made with other groups in the community.